2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006747

FILED Apr 09, 2009 Secretary of State

Entity Name: CINNAMON BEACH AT OCEAN HAMMOCK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O MAY MGMT. 5455 A1A SOUTH

5455 A1A S SAINT AUGUSTINE, FL 32080

SAINT AUGUSTINE, FL 32080

Current Mailing Address: New Mailing Address:

5455 A1A S. 5455 A1A SOUTH

SAINT AUGUSTINE, FL 32080 SAINT AUGUSTINE, FL 32080

FEI Number: 20-0148598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Flateria Circular Davidand Anna

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PT () Delete Title: P (X) Change () Addition

Name:PETERS, HUGHName:BAILEY, JOHNAddress:304 MARSH PT CIRCLEAddress:5455 A1A SOUTH

City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD () Delete Title: VP (X) Change () Addition

Name: NOVEK, AMY Name: ROBERTSON, RICH

Address: 800 CINNAMON BEACH WAY #764 Address: 5455 A1A SOUTH

City-St-Zip: PALM COAST, FL 32137 City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S () Delete Title: S (X) Change () Addition

Name: AMICOLA-OLACE, JOANNE Name: JULIEN, MIKE
Address: 1150 CINNAMON BEACH WAY #1055 Address: 5455 A1A SOUTH

City-St-Zip: PALM COAST, FL 32137 City-St-Zip: ST. AUGUSTINE, FL 32080

Title: () Delete Title: T () Change (X) Addition

Name: Name: MILO, STEVE

Address: Address: 5455 A1A SOUTH

City-St-Zip: City-St-Zip: ST. AUGUSTINE, FL 32080

 Name:
 Name:
 FRYOUX, KURT

 Address:
 Address:
 5455 A1A SOUTH

 City-St-Zip:
 City-St-Zip:
 ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE MILO T 04/09/2009